

# COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: <u>Jennifer Steiger</u>	Department/Division: <u>Health/Admin.</u>
Date Prepared: <u>4/20/11</u>	Telephone: <u>520-432-9402</u>
Grantor: <u>ADHS</u>	Grant Title: <u>IGA#: HG861327, Amendment 4</u>
Grant Term From: <u>3/1/11</u>	To: <u>2/28/12</u>
Fund No/Dept. No: <u>228-5560</u>	Note: Fund No. will be assigned by the Finance Department if new.
New Grant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amendment No. <u>4</u> Increase \$ _____ Decrease \$ _____

Briefly describe purpose of grant:

The Farmers Market Nutrition Program is intended to increase consumption of locally grown fresh fruits and vegetables by providing FMNP checks to a limited number of CSFP seniors to purchase these items directly from growers at ADHS-approved farmers' markets.

If amendment, provide reason:

Amendment 4 provides \$312.50 of funding to issue FMNP checks to 250 senior participants. The price sheet change removes pay items for WIC FMNP services and increases the number of senior participants to 250 within Cochise County.

If this is a mandated service, cite source. If not mandated, cite indications of local customer support for this service:

Funding Sources	Federal Funds 332.100	State Funds 336.100	County Funds 391.000	Other	Total
Current Fiscal Year		\$312.50			\$312.50
Remaining Years					
Total Revenue		\$312.50			\$312.50

Is County match required? ☐ Yes ☒ No If yes, dollar amount \$ \_\_\_\_\_

Has this amount been budgeted? ☒ Yes ☐ No Identify Funding Source: ADHS

Federal Catalog of Federal Domestic Assistance (CFDA) No: \_\_\_\_\_

Method of collecting grant funds: Lump sum payment ☒ Quarterly payments ☐ Draw ☐ Reimbursement ☐

Is revertment of unexpended funds required at end of grant period? ☒ Yes ☐ No

a) Total A-87 cost allocation \$ 108

b) Amount of overhead allowed by grant \$ 0 County subsidy (a-b) \$ 108

Does Grantor accept indirect costs as an allowable expenditure? ☐ Yes ☒ No

If yes, dollar amount \$ \_\_\_\_\_ OR percentage allowed \_\_\_\_\_ %

Number of new positions that will be funded from grant: 0 Number of existing positions funded from grant: 0

## Executive Summary Form

### **Agenda Number:**

(FMNP)

#### **Recommendation:**

This is to request your approval of IGA #HG861327 Amendment 4, Farmer's Market Nutrition Program (FMNP), between the Arizona Department of Health Services and the Cochise County Health Department in the amount of \$312.50, for the period of 3/1/11 – 2/28/12.

#### **Background (Brief):**

The Farmer's Market Nutrition Program is a supplemental nutrition program for income-eligible seniors. The Program provides food vouchers to clients for a variety of staple foods, including: juice, milk, eggs, peanut butter, and beans.

The Farmers Market Nutrition Program is intended to increase consumption of locally grown fresh fruits and vegetables by providing FMNP checks to a limited number of CSFP seniors to purchase these items directly from growers at ADHS-approved farmers' market.

Amendment 4 provides \$312.50 of funding to issue FMNP checks to 250 senior participants. The price sheet change removes pay items for WIC Farmer's Market Program Services and the number of CSFP participants for the FMNP program is increased to two-hundred fifty (250).

#### **Fiscal Impact & Funding Sources:**

The total net county subsidy for the contract is \$108, calculated as follows:

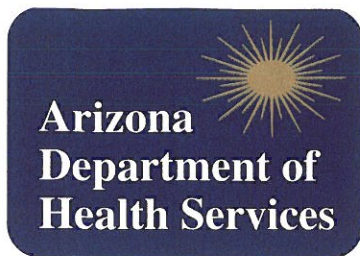
Grant	Amount	Salary+ EREs	Negotiated Overhead	A-87 OH @ 34.55%	Net Co. Subsidy
FMNP	\$312.50	\$312.50	None Auth.	\$108	\$108

#### **Next Steps/Action Items/Follow-up:**

Your approvals are respectfully requested.

#### **Impact of Not Approving:**

Not approving Amendment 4 will result in the return of \$312.50 to ADHS. FMNP Program participants will not be able to receive vouchers for locally-grown produce from Farmer's Markets around Cochise County.



*Division of Operations*

*Office of Procurement*

1740 West Adams Street, Room 303  
Phoenix, Arizona 85007-2670  
(602) 542-1040  
(602) 542-1741 Fax

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, DIRECTOR

January 20, 2011

Cochise County Health Department  
1415 West Melody Lane, Bldg. A  
Bisbee, AZ 85603-3090  
Attention: Ms. Vaira Harik

RE: ADHS Contract HG861327 FMNP Services, Amendment Four (4)

Dear Ms. Harik;

Enclosed please find two (2) copies of the referenced Amendment for review and signature(s).

If returning by mail, please sign and return the copies of the enclosed to my attention, at the address listed above. Or you may send scanned copies to [johnsote@azdhs.gov](mailto:johnsote@azdhs.gov). One (1) fully executed copy will be returned to your Organization, after signature by the Procurement Office.

If you have any questions, you may call me at 602-542-2928.

Sincerely,

A handwritten signature in black ink, appearing to read "Terri Johnson".

Terri Johnson  
Procurement Officer

Enclosure

CC: Contract File



# INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT

ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
1740 W. Adams, Room 303  
Phoenix, Arizona 85007  
(602) 542-1040  
(602) 542-1741 Fax  
Procurement Specialist  
Terri Johnson

Contract No: HG861327

Amendment No. 4

## Farmer's Market Nutrition Program

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective the date of final signature unless otherwise specified.

- Pursuant to the Uniform Terms and Conditions, Provision, Five (5), Item 5.1 Amendments, Purchase Orders and Change Orders, by virtue of this Amendment Four (4), any reference to WIC Farmer's Market Nutrition Program Services shall be removed. Seniors Farmer's Market Program Services tasks and responsibilities shall remain unchanged. All changes shall be effective March 1, 2011.
- Replace Price Sheet in Amendment Three (3), Page Two (2) with revised Price Sheet in Amendment Four (4), Page Two (2). The following changes shall apply:
  - The Price Sheet shall reflect the removal of any pay items for WIC Farmer's Market Program Services; and
  - The number of CSFP Participants for the Senior Farmer's Market Program shall be increased to two-hundred fifty (250).
- The above referenced Intergovernmental Agreement is hereby extended until February 28, 2012.

All other provisions of this agreement remain unchanged.

Cochise County Health Department

Contractor Name  
1415 Melody Lane, Building A

Address  
Bisbee AZ 85603

City State Zip

### CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Terry Bannon Date 3-28-11

Printed Name Terry Bannon

Attorney General Contract No. **PIGA2011000344**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature  
Assistant Attorney General

Printed Name: Ronald E. Johnson

### CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

Contractor Authorized Signature

Printed Name

Title

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2011

Procurement Officer

RESERVED FOR USE BY THE SECRETARY OF STATE

UNDER HOUSE BILL 2011, A.R.S 11-952 WAS AMENDED TO REMOVE THE REQUIREMENT THAT INTERGOVERNMENTAL AGREEMENTS BE FILED WITH THE SECRETARY OF STATE.



**INTERGOVERNMENTAL AGREEMENT (IGA)  
AMENDMENT**

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**

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**PRICE SHEET/FEE SCHEDULE**

**Effective: March 1, 2011**

TYPE OF SERVICE	UNIT RATE	UNIT OF MEASURE	NUMBER OF CLIENTS	TOTAL
Senior FMNP Coupon Booklet Issuance	\$1.25	CSFP Participant	250	\$312.50

**Authorization for Provision of Services:** Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a purchase order that is signed by an authorized agent. The purchase order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the purchase order. ADHS shall not have legal obligation to pay for services in excess of the amount indicated on the purchase order. No further obligation for payment shall exist on behalf of ADHS unless a) the purchase order is changed or modified with an official ADHS Procurement change order, and or b) an additional purchase order is issued for the purchase of services under this Contract.